



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Keeping a Million Hearts Beating: How Integrated Care can Reduce Heart Disease

February 28, 2017



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Moderators:

Kristin Potterbusch, Director of HIV and
Behavioral Health Integration, CIHS







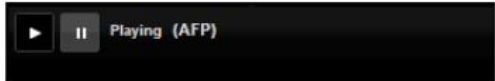

Roara Michael, Associate, CIHS



Before We Begin

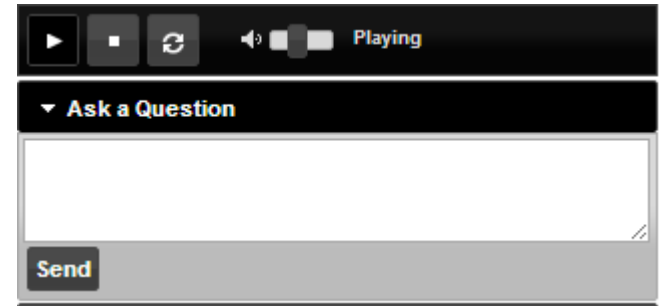
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Before We Begin

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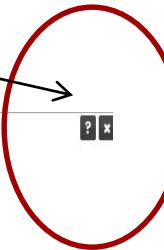


SAMHSA-HRSA

Center for Integrated Health Solutions

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
MENTAL HEALTH FIRST AID
Healthy Minds. Strong Communities.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov 1-877-SAMHSA-7 (1-877-726-4727)



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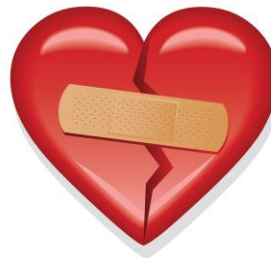


SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Million Hearts and PBHCI

CVD and Serious Mental Illness

- In the United States, mortality of cardiovascular disease or CVD has declined from 50%-36%.
- However, for populations living with serious mental illness, more premature deaths are still attributable to CVD than suicide.
- It is estimated that on average a person living with severe mental illness and CVD will lose 25 or more years of their life.
 - This can be linked to variances in screening practices. For example: Lipid testing for those on APMs were found to range between 6%-85%



<http://jamanetwork.com/journals/jama/article-abstract/209157>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4376086/>

HHS/CDC Million Hearts ® Campaign

- **Million Hearts® initiative** will focus, coordinate, and enhance cardiovascular disease prevention activities across the public and private sectors in an unprecedented effort to prevent 1 million heart attacks and strokes by 2017 and demonstrate to the American people that improving the health system can save lives.
- **ABCS**
 - Aspirin for people at risk for heart attack
 - Blood Pressure Control
 - Cholesterol Management
 - Smoking Cessation



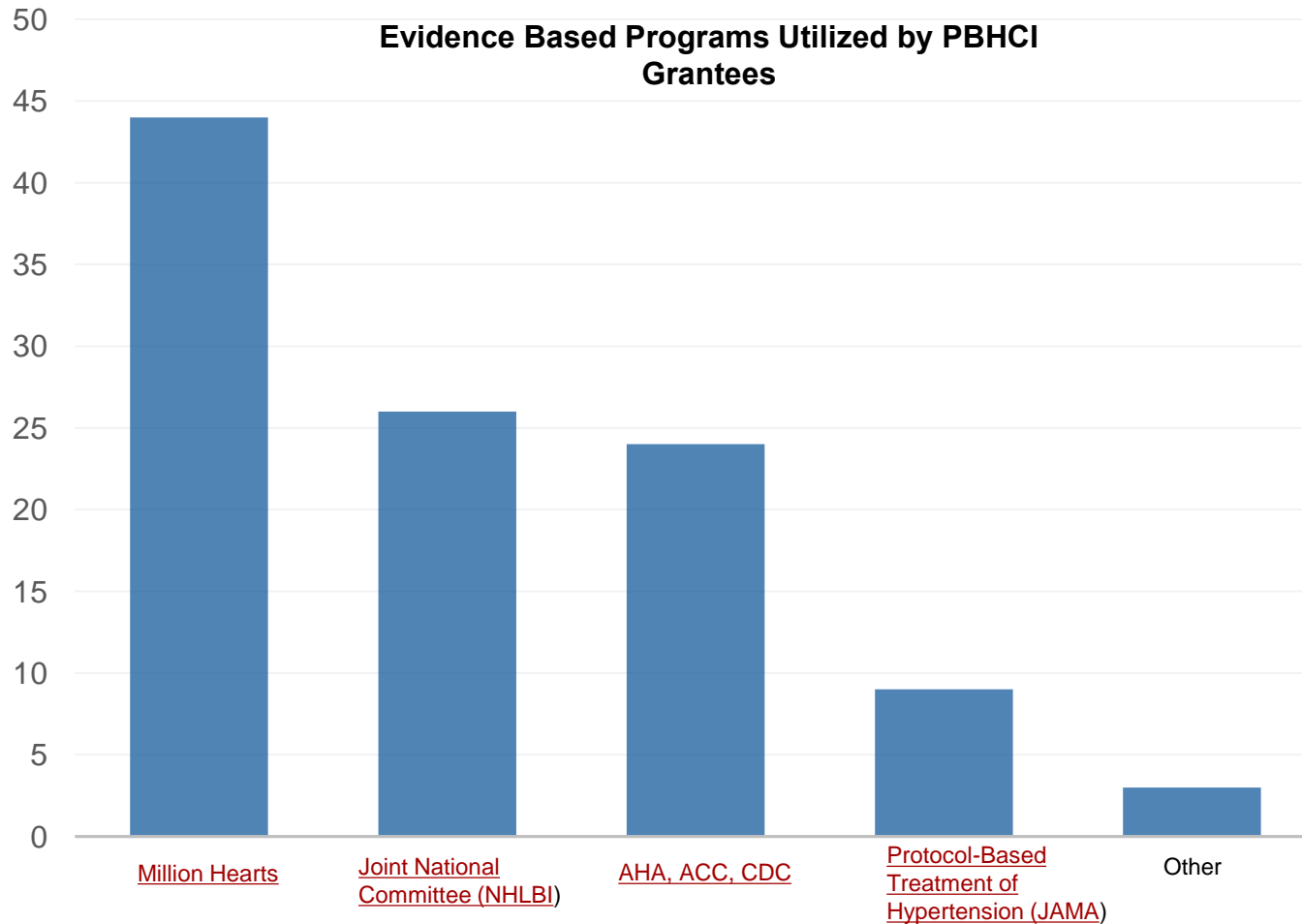
PBHCI Data Collection

PBHCI grantees collect the following health indicators:
(Section H)

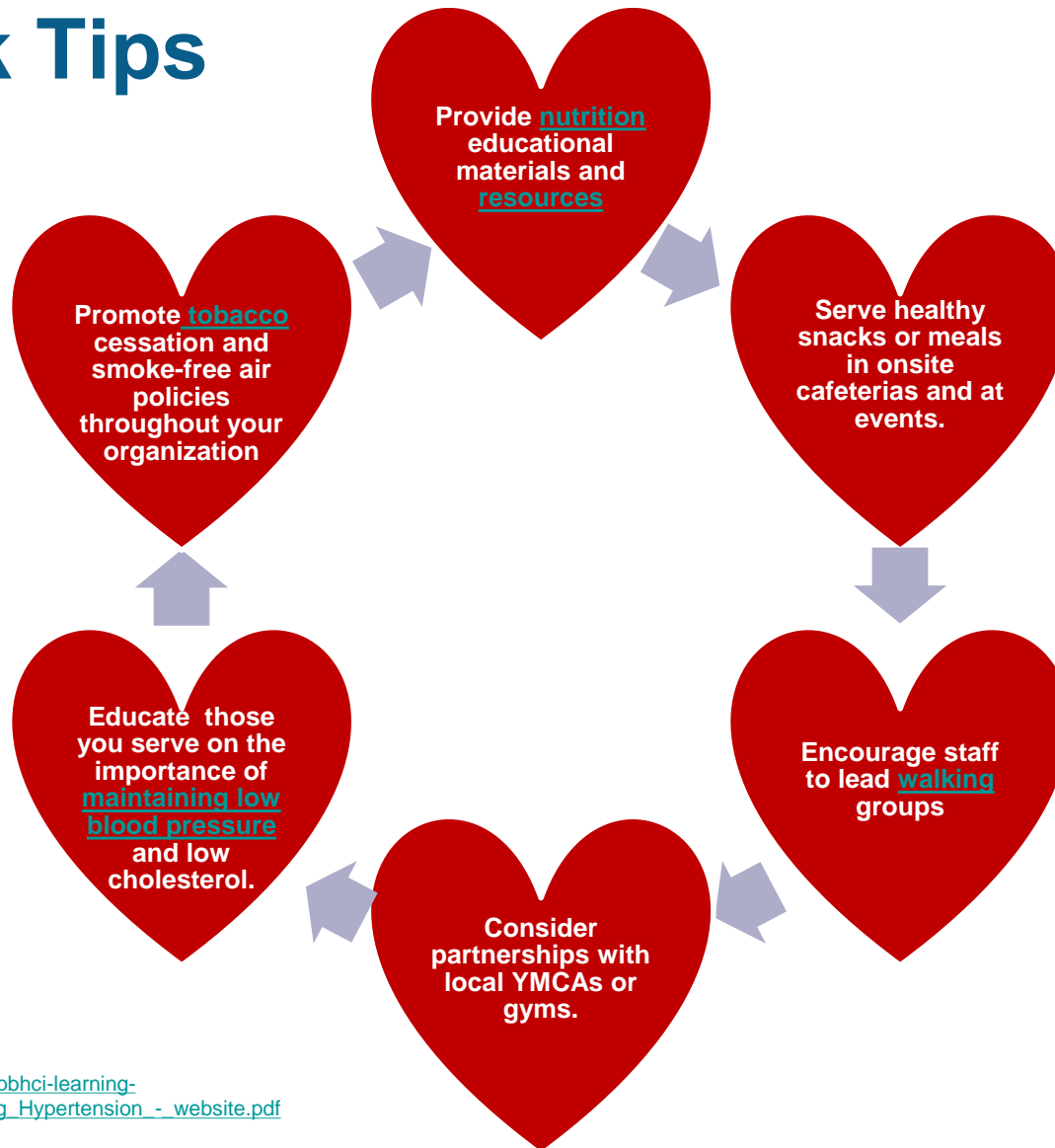
- a. Blood pressure—semiyearly
- b. Body Mass Index (BMI)—semiyearly
- c. Waist circumference— semiyearly
- d. Breath CO (carbon monoxide)— semiyearly
- e. Plasma Glucose (fasting) and/or HgbA1c—annually
- f. Lipid profile (HDL, LDL, triglycerides)—annually

These parameters represent risk factors for chronic conditions that are associated with early mortality. The impact of each these risk factors can be reduced with changes in health behavior, health promotion, and effective engagement with primary care.

PBHCI: Heart Health in Action



Quick Tips



http://www.integration.samhsa.gov/pbhci-learning-community/08.29.14_Understanding_Hypertension_-_website.pdf

Additional Strategies

- Use motivational interviewing to increase client self-efficacy
- Support cross-team collaboration with primary care teams
- Asking open-ended questions
 - Expanding awareness of opportunities for success



Today's Speakers

Doug Slothouber, MA, MSW

Public Health Analyst, Office of Policy,
Planning and Innovation, Substance
Abuse and Mental Health Services
Administration (SAMHSA)



Doug Tipperman, MSW

Tobacco Policy Liaison, Office of Policy,
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Mandi Ryan, MSN, RN

Director of Healthcare Innovation,
Centerstone



Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover



Million Hearts 2.0 Overview

February 28, 2017



Million Hearts: Background

- In the United States, heart attacks cause 122,000 deaths each year, and strokes cause nearly 130,000 deaths.
- Hundreds of thousands of Americans survive heart attacks and strokes, but they may suffer lasting damage and reduced quality of life.
- These conditions are incredibly costly, accounting for \$315.4 billion each year in direct and indirect costs.

Million Hearts: Background

- **The Centers for Disease Control and Prevention (CDC) estimates that more than 200,000 deaths from heart disease and stroke could be prevented each year.**
- **“Million Hearts 1.0” was a national initiative launched by HHS for 2012 - 2017. It brought together communities, health systems, nonprofit organizations, federal agencies, and private-sector partners from across the country to prevent heart disease and stroke.**

Some SAMHSA Million Hearts 1.0 Highlights

- **Awarded funding to 12 peer-run recovery community organizations to employ a variety of short-term community-based social marketing activities to increase awareness, reduce risk, and improve management of cardiovascular disease in people with behavioral health challenges.**
- **Disseminated information about cardiovascular health to behavioral health providers, peer advocates, and clients/consumers.**
- **Increased the use of cardiovascular health outcome measures in SAMHSA's programs and initiatives.**
- **Gave technical assistance to states and behavioral health providers to address tobacco use among persons with behavioral health conditions.**

Key Components of Million Hearts 1.0

Keeping Us Healthy
Changing the environment

Health
Disparities

Excelling in the ABCS
Optimizing care



Focus on
the **ABCS**



Health
information
technology



Innovations in
care delivery



SAMHSA and the Million Hearts Initiative

- **People with serious mental disorders—such as schizophrenia or other psychotic disorders—are 25% to 40% more prone to die from heart disease than people without mental illness.**
- **People with heart disease who also experience depression and anxiety have triple the risk of dying from heart disease than those without depression and anxiety.**
- **Half of all deaths from smoking occur among individuals with mental and substance use disorders.**

Poll Question 1

What is the current level of your organization's wellness programming?

A: We have not considered implementing a wellness program

B: We have considered adding a wellness program

C: We are in the process of launching a wellness program

D: We currently have a wellness program

CENTERSTONE Tennessee

Delivering care that changes people's lives

4

- National, private, not-for-profit 501(c)(3) healthcare organization
- 60 years in operation
- Specializing in behavioral healthcare
- Offering a comprehensive array of outpatient, community-based and intensive in-home services

Unique Service Lines:

- Integrated Primary Care
- Crisis Services
- Military and Veterans





WellConnect: an Integrated Care Solution

at Centerstone

SAMHSA - PBHCI Grant Nashville, TN Funded Sept. 2012 – March 2017

Enroll **600** individuals in Health Home services

- **Current enrollment: 603**

SAMHSA - PBHCI Grant Clarksville, TN Funded Sept. 2015 – Sept. 2019

Enroll **958** individuals in Health Home services

- **Current enrollment: 252**



WellConnect Health Home Goals

To improve participants' experience of care as evidenced by participant self-report

To improve self-management of health conditions, as indicated by a reduction BMI, smoking, cholesterol levels, blood pressure, and A1c

- Teaching skills to participants based on evidence-based prevention and wellness interventions



Evidenced Based Wellness Programs

Nutrition and Exercise for Wellness and Recovery (NEW-R)

- Weekly sessions focused on weight management, well being includes goal setting
- <http://www.cmhsrp.uic.edu/health/weight-wellbeing.asp>

DIMENSIONS Well Body Program University of Colorado

- Weekly sessions focused on skills to promote physical health and well-being
- <https://www.bhwellness.org/programs/wellbody>

DIMENSIONS Tobacco Free Program University of Colorado

- Weekly sessions focused on promoting positive behavior change in individuals interested in living tobacco-free
- <https://www.bhwellness.org/programs/tobaccofree>

Stanford Chronic Disease Self Management Model (CDSM)

- Weekly sessions focused on teaching skill is medical, behavioral and emotional management
- <http://patienteducation.Stanford.edu/programs/cdsmp.html>

Million Hearts Campaign

As part of the HHS' initiative to prevent 1 million heart attacks and strokes by 2017, the Million Hearts Campaign has issued treatment protocols.

National Heart, Lung and Blood Institute, National Institutes of Health. *The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure -Complete Report*. National Heart, Lung, and Blood Institute, National Institutes of Health. NIH Publication No. 04-5230, 2004.

- <http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7/>

Lifestyle modifications

Medication treatment



Lifestyle Modification Recommendations

Modification	Recommendation	Avg. SBP Reduction Range
Weight Reduction	Maintain normal body weight (body mass index 18.5-24.9 kg/m ²)	5-20 mmHg/10 kg
DASH eating plan	Adopt a diet rich in fruits, vegetables, and low fat dairy products with reduced content of saturated and total fat	8-14 mmHg
Dietary sodium restriction	Reduce dietary sodium intake to ≤ 100 mmol per day	2-8 mmHg
Aerobic physical activity	Regular aerobic physical activity at least 30 minutes per day	4-9 mmHg
Moderation of alcohol consumption	Men: limit to ≤ 2 drinks per day. Women: limit to ≤ 1 drink per day	2-4 mmHg

<https://www.nhlbi.nih.gov/files/docs/guidelines/phycard.pdf>

Medication Treatment Recommendations

- Treat to BP < 140/90 mmHg or BP < 130/80 in patients with diabetes or chronic kidney disease
- Majority of patients require two medication to reach goal
- Reduce barriers to medication adherence
- Provide clinician empathy to increase patient trust, motivation and adherence to therapy
- Consider patient's cultural beliefs and individuals attitudes in formulating therapy

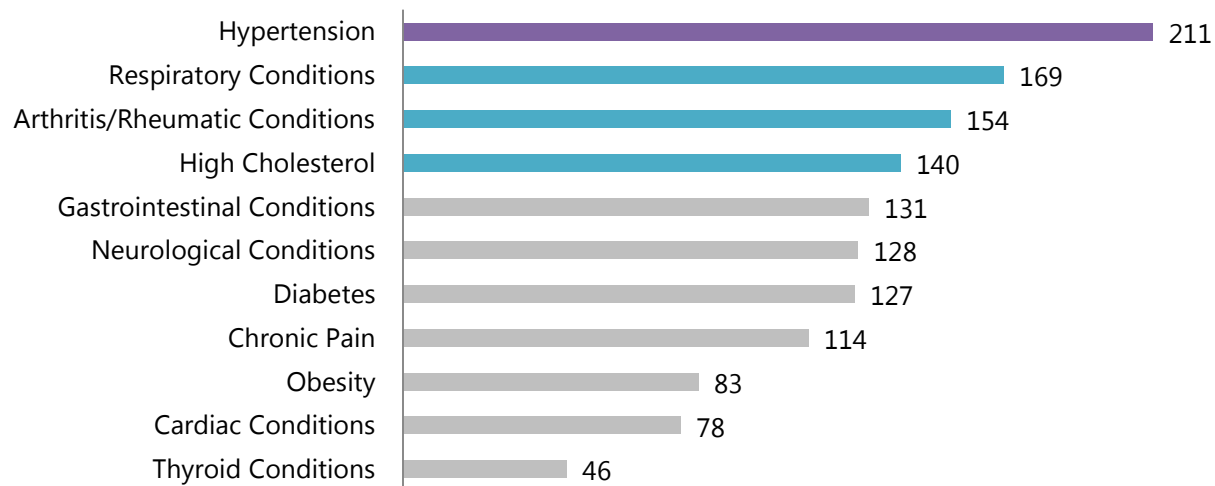
<https://www.nhlbi.nih.gov/files/docs/guidelines/phycard.pdf>



Chronic Medical Conditions of Participants

Almost half of our clients report a diagnosis of Hypertension.

Reports of Respiratory Conditions, Arthritis, and High Cholesterol are also



The most prevalent chronic physical health conditions reported are: Hypertension (44%), Respiratory Conditions (e.g., *asthma, COPD, sleep apnea*)(35%), Arthritis/Rheumatic Conditions (32%), and High Cholesterol (29%).

Small Changes Make a BIG Difference

Blood cholesterol

- 10%↓ = 30%↓ in Cardiovascular Disease (CVD)

High blood pressure

- ~ 6 mm Hg↓ = 16%↓ in CVD; 42% ↓ in strokes

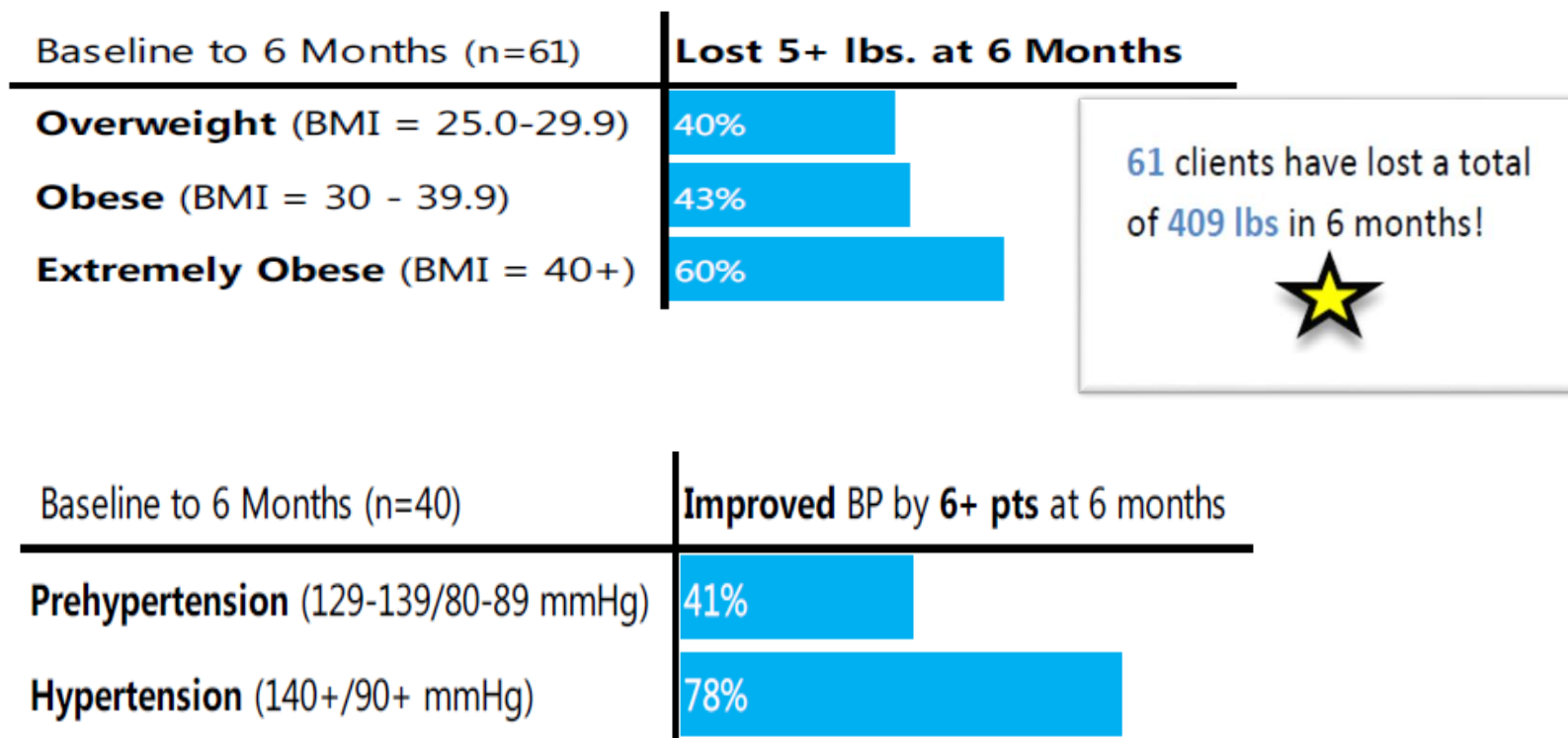
* 2014 PBHCI Presentation by Dr. Joe Parks

- Stratton, et al, BMJ 2000
- HennekensCH. *Circulation* 1998;97:1095-1102.
- Rich-Edwards JW, et al. *N Engl J Med* 1995;332:1758-1766.
- BassukSS, Manson JE. *J Appl Physiol* 2005;99:1193-1204

Nashville Grant Outcomes

Baseline BMI (n=162)	Lost 5+ lbs. at 12 Months
Overweight (BMI = 25.0-29.9)	16%
Obese (BMI = 30-39.9)	31%
Extremely Obese (BMI = 40+)	35%
Baseline Blood Pressure (n=164)	Improved BP by 6+ points at 12 months
Prehypertension (129-139/80-89 mmHg)	50%
Hypertension (140+/90+ mmHg)	84%
Baseline Lipids	Improved at 12 Months
Triglycerides (n=109) at risk (≥ 150 mg/dL)	41%
HDL (n=106) at risk (< 40 mg/dL)	52%
LDL (n=87) at risk (≥ 130 mg/dL)	67%

Clarksville Grant Outcomes



Top Performer “Ricky”

Baseline

- High Blood Pressure
- Obesity
- High Cholesterol
- Unhealthy Diet
- NO Exercise

12 Months

- Blood pressure in Normal Range
- Lost 52 lbs
- ↓ Triglycerides, ↑ HDL
- ↑ Fruits and vegetables, ↓ fat
- Exercises 5 days a week

Lessons Learned

- Small initial gains really matter
- Offer variety to keep participants motivated and engaged
- Health cooking on a budget and always provide healthy snacks
- Have FUN, enthusiastic staff

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Tobacco's Death Toll



Smoking is still the leading cause of preventable disease and death in the United States – responsible for over 480,000 deaths per year.

Between 1964 and 2014:

- Over 20 million Americans died because of smoking, including
 - 2.5 million nonsmokers
 - More than 100,000 babies

“The cigarette is the deadliest artifact in the history of human civilization.” – Robert Proctor, Stanford University

Tobacco and Cardiovascular Disease



Smoking tobacco:

- Causes one of every three deaths from CVD
 - Increases the risk of almost all major forms of CVD
 - Causes an increased risk of CHD at all levels of cigarette smoking
 - Greater risks are evident even for persons who smoke fewer than 5 cigarettes per day
-
- Although lung cancer is often assumed to be the largest smoking-attributable cause of death, CVD actually claims more lives of smokers 35 years of age and older.
 - More than 33,000 nonsmokers die every year in the U.S. from CHD caused by exposure to secondhand smoke.

Tobacco and Cardiovascular Disease

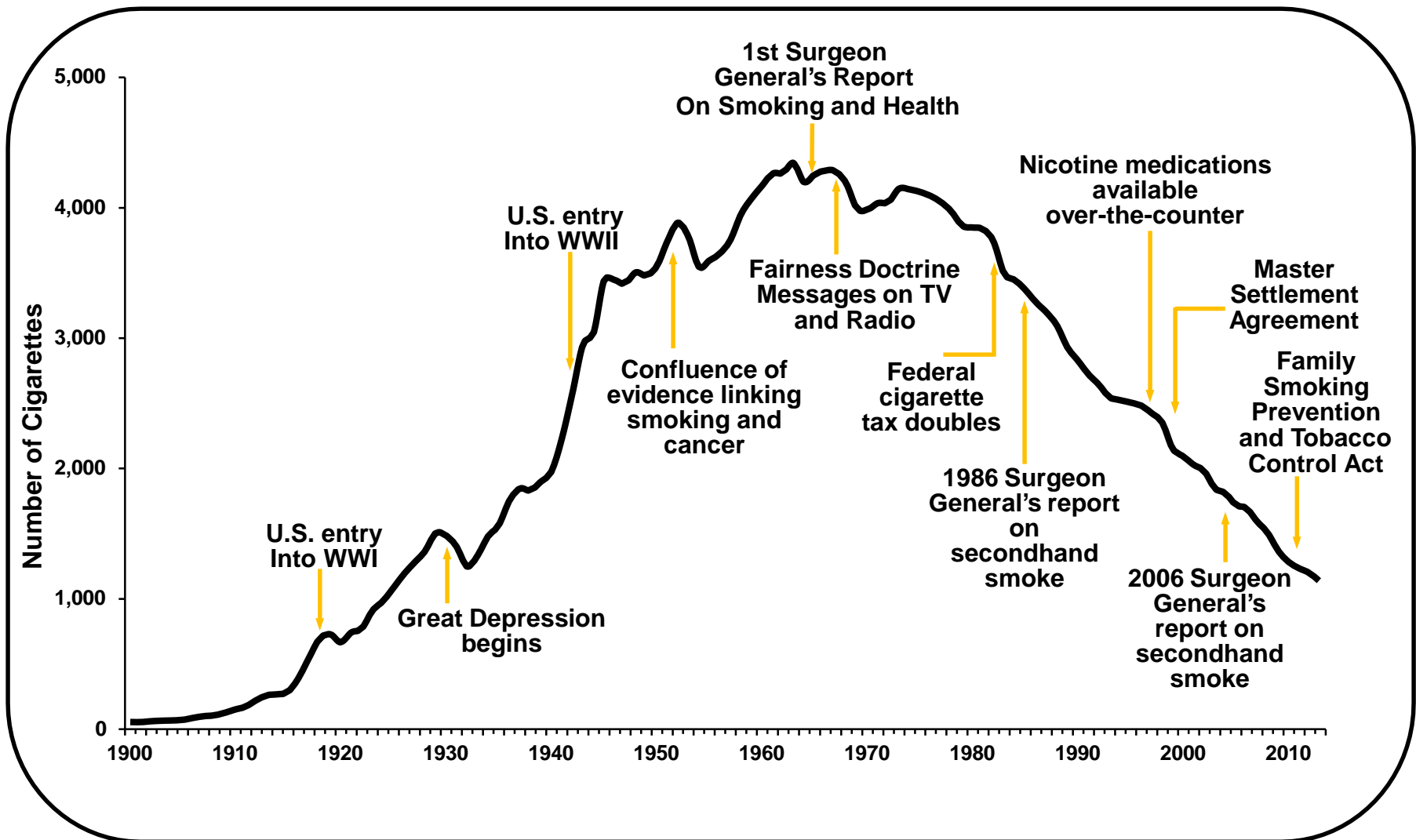
The good news:

- Although smoking damages the heart and blood vessels very quickly, the damage is repaired quickly for most smokers who quit.
- Even long-time smokers can see rapid health improvements when they quit.
- Within a year, heart attack risk drops dramatically.
- Within five years, most smokers cut their risk of stroke to nearly that of a nonsmoker.



Source: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_CVD_508.pdf

Adult Per Capita Cigarette Consumption and Major Smoking and Health Events—United States, 1900-2013



Sources: Adapted from Warner 1985 with permission from Massachusetts Medical Society, ©1985; U.S. Department of Health and Human Services 1989; Creek et al. 1994; U.S. Department of Agriculture 2000; U.S. Census Bureau 2013; U.S. Department of the Treasury 2013.

*Adults ≥18 years of age as reported annually by the Census Bureau.

About 25% of population... is smoking nearly 40% of all cigarettes.

Figure 1. Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year among Adults Aged 18 or Older: 2009 to 2011

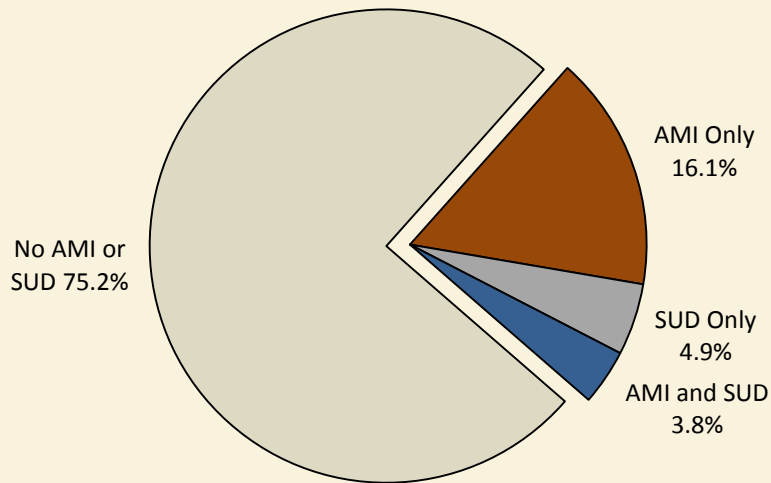
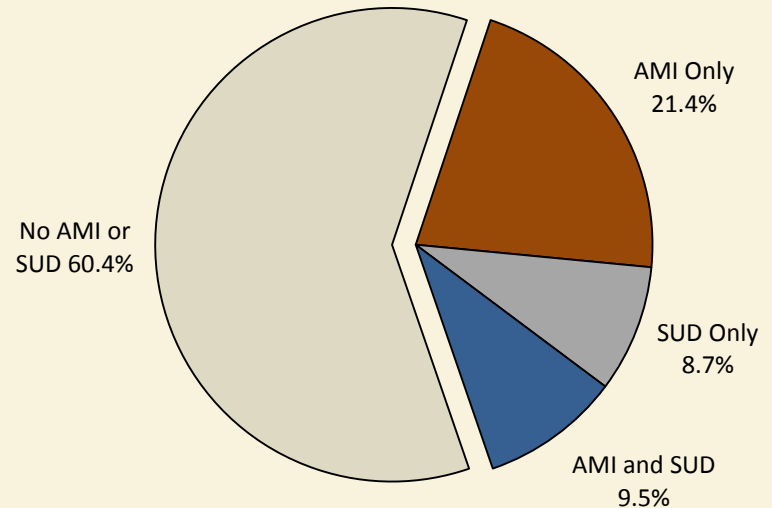


Figure 2. Percentage of Cigarettes Smoked in the Past Month among Adults 18 or Older, by Any Mental Illness (AMI) or Substance Use Disorder (SUD) in the Past Year: 2009 to 2011



Source: The NSDUH Report (SAMHSA), March 20, 2013. <http://www.samhsa.gov/data/sites/default/files/spot104-cigarettes-mental-illness-substance-use-disorder/spot104-cigarettes-mental-illness-substance-use-disorder.pdf>

Impact on the Behavioral Health Population

- Smoking tobacco causes more deaths among people who had been in substance abuse treatment than the alcohol or drug use that brought them to treatment. ([Hurt et al., JAMA, 1996](#))
- Persons with mental illness, on average, die several years earlier than persons without mental illness – with smoking being a major contributing factor. ([Druss et al., Medical Care, June 2011](#); [Olfson et al., JAMA Psychiatry, 2015](#))
- Smoking accelerates the metabolism of certain psychiatric medications resulting in the need for higher doses.
<http://www.nysmokefree.com/confcalls/CCNYSDownloads/09122012/09122012DrugInteraction.pdf>
- Other consequences:
 - Creates financial hardship
 - Interferes with employment opportunities
 - Makes it difficult to secure housing

Myths: Smoking and Behavioral Health

- **They are not interested in quitting**
 - As likely as the general population to want to quit smoking (about 70%).
- **They can't quit**
 - Can quit and benefit from integrated tailored interventions.
- **Tobacco is necessary self-medication**
 - Industry has supported this myth. Smoking is certainly not an effective treatment. It's very easy to misinterpret relief from withdrawal symptoms for feeling better.
- **It is a low priority problem**
 - Smoking is the biggest killer for those with mental or substance use disorders.
- **Quitting worsens recovery**
 - Not the case. Cessation is associated with improved mental health and addiction recovery outcomes.

Source: [Prochaska, NEJM, July 21, 2011.](#)

Cessation Improves Mental Health

- A meta-analysis of 26 studies found that smoking cessation is associated with decreased depression, anxiety, and stress and improved positive mood and quality of life compared with continuing to smoke.



Source: [Taylor et al., BMJ, 2014](#)

Interview with the researchers: <https://www.youtube.com/watch?v=HZgaBwimisI>

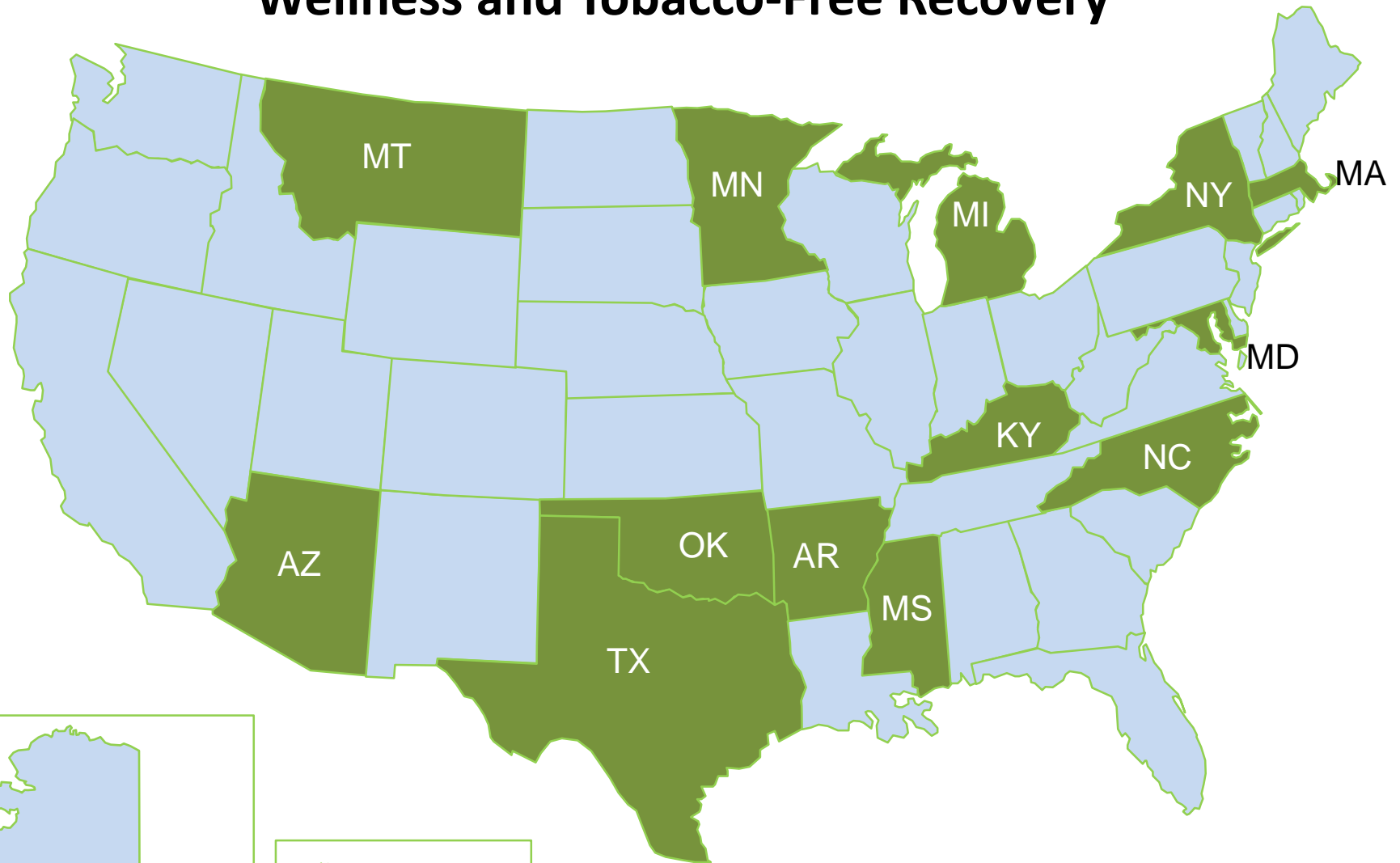
Improves Addiction Recovery

- A meta-analysis of 19 studies found that smoking cessation interventions provided during addictions treatment were associated with a 25% increased likelihood of long-term abstinence from alcohol and illicit drugs.



Source: [Prochaska et al., Consulting and Clinical Psychology, 2004](#)

SAMHSA/SCLC* Leadership Academy States for Wellness and Tobacco-Free Recovery



SCLC* - Smoking Cessation Leadership Center, UCSF

Academy Success Stories

Maryland

Maryland's Alcohol and Other Drug Abuse Administration mandated as a condition of award that providers screen for tobacco use and offer tobacco treatment. Smoking prevalence for state funded addiction treatment consumers dropped upon discharge from 71.8% in 2010 to 56.5% in 2014.

North Carolina

All state behavioral healthcare facilities have adopted a tobacco-free campus policy.

Oklahoma

Smoking prevalence for addiction treatment consumers served by the Oklahoma Department of Mental Health and Substance Abuse Services provider system dropped from 74% in 2009 to 47% in 2014 (self-report data).

Texas

Trained 4,600 behavioral health treatment providers in tobacco cessation.
All local mental health authorities became tobacco-free by end of 2015.

Best Clinical Practices

- Adopting and implementing a tobacco-free facility/grounds policy.
- Behavioral health providers routinely asking their clients if they use tobacco and providing evidence-based cessation treatment.
- The effectiveness of tobacco cessation treatment is significantly increased by integrating cessation services/initiatives into the mental health or addiction treatment program.
- Many may benefit from additional counseling and longer use of cessation medications.
- Using peer-driven approaches such as peer specialists trained in smoking cessation.

Resources!

- [Smoking Cessation Leadership Center's \(SCLC's\) website](#) has presentations, publications, toolkits, factsheets, archived videos and more. For example, a [video on motivational interviewing](#) focusing on tobacco use and dependence. Sign-up for their [newsletter & listserv](#).
- University of Colorado has [Tobacco Free Toolkits for Healthcare Providers](#) including a [supplement for behavioral health](#).
- SAMHSA's technical assistance guide, "[Enhance Your State's Tobacco Cessation Efforts Among the Behavioral Health Population: A Behavioral Health Resource](#)" and SAMHSA's 2016 recorded webinar, "[Tobacco Use and Treatment for Smokers with Mental Health Diagnoses](#)."
- [National Behavioral Health Network for Tobacco & Cancer Control](#) has a [resource webpage](#) with links to webinars, videos, research, and more.
- Million Hearts' [Tobacco Cessation Protocol](#) can be embedded into EHRs.
- U.S. Public Health Services' [Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians](#)
- NY Department of Health Tobacco Control Program has a [training/technical assistance website](#) for addiction treatment programs to integrate tobacco dependence education and treatment interventions.
- Wisconsin Nicotine Treatment Integration Project recently developed an extensive [on-line tutorial for addressing tobacco use in behavioral health](#).
- [Taking Texas Tobacco Free website](#) has resources for behavioral health centers including brief [educational/training videos](#).

Contact Information

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240-276-2442

Million Hearts 1.0 Accomplishments

Optimizing Care in the Clinical Setting

Focus on the ABCS



Millions of Americans are covered by health care systems that are recognizing or rewarding performance in the ABCS^{**}

Health Tools and Technology



Over half a million patients have been identified as potentially having hypertension using health IT tools^{††}

Innovations in Care Delivery



Millions of dollars in public and private funds have been leveraged to focus on improving the ABCS^{‡‡}

^{**} CMS Physician Compare and HRSA Uniform Data Set

^{††} Unpublished data from AMGA/MUPD and NACHC HIPS project

^{‡‡} CMS Million Hearts Risk Reduction Model, AHRQ EvidenceNOW, AHA Southwest Affiliate HTN project

Million Hearts 1.0 Accomplishments*

Changing the Environment

Reduce Smoking



More than 7 million fewer cigarette smokers[†]

Reduce Sodium Intake



Accomplished: FDA issued draft Voluntary Sodium Guidance to Industry. 6/1/16

Eliminate Trans Fat Intake



Accomplished: FDA issued the final determination on artificial trans fat[§]

*Note this is a select set of notable accomplishments

† National Health Interview Survey, comparing 2011 to 2015 data

§ <http://www.fda.gov/forconsumers/consumerupdates/ucm372915.htm#top>

Million Hearts 2.0 Domains

Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Increase Physical Activity

Optimizing Care
Aspirin When Appropriate
Blood Pressure Control
Cholesterol Management
Smoking Cessation

Improving Outcomes for Priority Populations
Blacks/African-Americans
35-64 year olds
People who have had a heart attack or stroke
People with mental illness or substance use disorders
Others

Million Hearts 2.0: Keeping People Healthy

Reduce Sodium Intake	<ul style="list-style-type: none">• Support industry engagement efforts to lower the sodium content of the U.S. food supply• Food procurement and nutrition guideline policies
Decrease Tobacco Use	<ul style="list-style-type: none">• Smoke-free space policies that include e-cigarettes• Pricing strategies• Mass media campaigns
Increase Physical Activity	<ul style="list-style-type: none">• Create or enhance access to places for physical activity• Design communities and streets that support physical activity

Million Hearts 2.0: Optimizing Care

Focus Areas	Major Strategies
Aspirin When Appropriate	<ul style="list-style-type: none">• Health information technology – clinical decision support, patient portals, bi-directional e-referral, population health management; finding patients with undiagnosed high BP or cholesterol or tobacco use• Team-based care – pharmacists, nurses, community health workers, cardiac rehab• Systems changes – treatment protocols, continuous quality improvement• Patient supports – self-measured blood pressure monitoring; medication adherence; behavioral counseling on nutrition, activity, tobacco; referral to community-based physical activity programs; particulate matter avoidance
Blood Pressure Control	
Cholesterol Management	
Smoking Cessation	

Million Hearts 2.0: Priority Populations

Priority Populations	Major Strategies
Blacks/African-Americans	<ul style="list-style-type: none">• Improving hypertension control• Reducing physical inactivity
35-64 year olds	<ul style="list-style-type: none">• Improving hypertension control and statin use• Reducing physical inactivity
People who have had a heart attack or stroke	<ul style="list-style-type: none">• Increasing cardiac rehab referral & participation• Avoiding exposure to particulate matter
People with mental illness or substance use disorder	<ul style="list-style-type: none">• Reducing tobacco use• Reducing physical inactivity
Others	

Million Hearts 2.0 Clinical Quality Measures

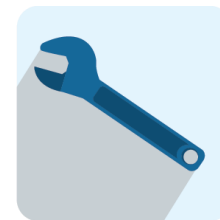
Measure	Measure Number	Measure Description
Aspirin When Appropriate	NQF 0068	Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic Percentage of patients aged 18 years and older with IVD with documented use of aspirin or other antithrombotic
Blood Pressure Control	NQF 0018	Hypertension (HTN): Controlling High Blood Pressure Percentage of patients aged 18 through 85 years who had a diagnosis of HTN and whose blood pressure was adequately controlled (<140/90) during the measurement year
Cholesterol Management	PQRS 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease Percentage of the following patients who were prescribed or were on statin therapy during the measurement period: <ul style="list-style-type: none"> Adults aged ≥ 21 years who were previously diagnosed with or currently have an active diagnosis of clinical atherosclerotic cardiovascular disease (ASCVD); OR Adults aged ≥ 21 years with a fasting or direct low-density lipoprotein cholesterol (LDL-C) level ≥ 190 mg/dL; OR Adults aged 40-75 years with a diagnosis of diabetes with a fasting or direct LDL-C level of 70-189 mg/dL
Smoking Cessation	NQF 0028	Preventive Care and Screening: Tobacco Use Percentage of patients aged 18 years and older who were screened about tobacco use one or more times within 24 months and who received cessation counseling intervention if identified as a tobacco user

Poll Question 2

What steps can you commit to making to improve heart health integration at your organization?

- A. Sending this webinar to 2 colleagues
- B. Presenting information on heart health and Million Hearts at an internal meeting
- C. Starting a heart health working group at your organization
- D. Using the tools you learned during this webinar in your work

Resources



RESOURCES

- **Million Hearts**
 - [Million Hearts Campaign](#)
 - [Patient Visit Checklist: Supporting Your Patients with High Blood Pressure](#)
 - [Hypertension Control: Action Steps for Clinicians](#)
 - [Cardiovascular Health: Action Steps for Employers](#)
 - [Improving Medication Adherence Among Patients with Hypertension: A Tip Sheet for Health Care Professionals](#)
- **Wellness**
 - [SAMHSA Wellness Initiative](#)
 - [CIHS Wellness Resources](#)
- **CIHS: Understanding Hypertension**
 - http://www.integration.samhsa.gov/pbhci-learning-community/08.29.14_Understanding_Hypertension_-_website.pdf
- **Alameda County Behavioral Health Care Services: The Path Project**
 - http://www.integration.samhsa.gov/pbhci-learning-community/Metabolic_Indicators_Information_-_Path_Project-.pdf

CIHS Tools and Resources

Visit www.integration.samhsa.gov or
e-mail integration@thenationalcouncil.org

The screenshot shows the homepage of the SAMHSA-HRSA Center for Integrated Health Solutions. At the top, there is a search bar with the text "Making Integrated Care Work" and a phone number "202.684.7457". Below this is the center's name, "SAMHSA-HRSA Center for Integrated Health Solutions", and a link to the "eSolutions newsletter". A navigation menu includes links for "About Us", "Integrated Care Models", "Workforce", "Financing", "Clinical Practice", "Operations & Administration", and "Health & Wellness". Social media links for Facebook, Twitter, and LinkedIn are also present. The main content area features a large image of healthcare professionals in a meeting, with the title "Core Competencies for Integrated Behavioral Health and Primary Care" and a description: "An essential foundation for preparing and further developing an integrated workforce." Below this is a "CALENDAR OF EVENTS" section with two upcoming events: "Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment" on February 26, 2014, and "Integrating Peer Support in Primary Care" on February 27, 2014. To the right, there is an "ABOUT CIHS" section with the title "SAMHSA-HRSA Center for Integrated Health Solutions" and a description of the center's mission. Below this is a "TOP RESOURCES" section with two featured articles: "Integrating Physical and Behavioral Health Care: Promising Medicaid Models" and "February Is American Heart Month!".

Making Integrated Care Work 202.684.7457

SAMHSA-HRSA Center for Integrated Health Solutions eSolutions newsletter

About Us Integrated Care Models Workforce Financing Clinical Practice Operations & Administration Health & Wellness

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ABOUT CIHS

SAMHSA-HRSA Center for Integrated Health Solutions

CIHS promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in behavioral health or primary care provider settings.

[LEARN MORE](#)

TOP RESOURCES

[View Our RSS Feed](#)

CALENDAR OF EVENTS

FEB 26 Substance Use and Mental Disorders: Early Detection, Prevention, and Treatment
FEBRUARY 26-28, 2014

FEB 27 Integrating Peer Support in Primary Care
FEBRUARY 27-27, 2014

FEBRUARY 24, 2014
Integrating Physical and Behavioral Health Care: Promising Medicaid Models

FEBRUARY 21, 2014
February Is American Heart Month!

This issue brief examines five promising Medicaid approaches to integrate physical and behavioral healthcare.

Individuals with serious mental illness and substance use disorders have a significantly higher risk of heart disease.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Thank you for joining us today.

**Please take a moment to provide your
feedback by completing the survey at the
end of today's webinar.**